

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q95836
<b>FY 2009</b>		Confirmation Number 2917
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	10/586,858	
Filing Date	October 27, 2006	
For	PRESSURE SENSITIVE ADHESIVE COMPOSITION	
Art Unit	1796	Examiner Name Robert S. LOEWE
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<b>Fee</b>	<b>Small Entity Fee</b>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/> Previous Payment Amount	Date Submitted	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,446</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34	
	WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER	
/ Travis B. Ribar / Signature	June 8, 2011 Date	
Travis B. Ribar Typed or printed name	(202) 293-7060 Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.		